

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-048085

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 311

Primary Registration District No. 4456 Registrar's No. 59

FILED JAN 8 1963

VS 300
Rev. 4/5910930
20420

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

ST CLAIR

b. CITY (If outside corporate limits, give TOWNSHIP only)

APPLETON CITY

Length of stay in 1b

6 DAY

c. FULL NAME OF (If NOT in hospital, give location)

ELLATT M. HOSE

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

HENRY

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

KRICH

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

ESTELLA MILDRED JONG

4. DATE OF DEATH

Month

Day

Year

DEC 31-62

5. SEX

7

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2-16-92

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months Days Hours Min.

10 15

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

KRICH, MO

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

PHAS W. RUMBOLD

13b. MOTHER'S MAIDEN NAME

ELIZABETH C. BROWN

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

17. INFORMANT

Address

214 ESTHER WOOD APPLETON CITY, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARDIAL INFARCTION

INTERVAL BETWEEN ONSET AND DEATH

2 da

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

CHRONIC

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1954 to DEC. 31, 1962 and last saw her alive on DEC. 31, 1962

Death occurred at 9:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

R.H. Brownbridge MD

22b. ADDRESS

Appleton City Mo.

22c. DATE SIGNED

Jan 3 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

1-3-63

23c. NAME OF CEMETERY OR CREMATORY

White Oak

23d. LOCATION (City, town, or county)

KRICH, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Oscar Eckhoff Appleton City Mo. Jan. 3, 1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Chas. Atney

(License of Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wesley Eckhoff

Licensed Embalmer No. 3942

P. O. Address Copeland City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.